Referring Agency: **#3062 – Long Island University**

Patient Name: _____ SS#:_____

Appointment Date: _____ Time: _____ DOB: _____

Examining Agency: **MOBILE HEALTH MEDICAL SERVICES, PC.**
TEL: (212) 695-5122 / FAX: (212) 695-2260

Location:

_____	229 W. 36th Street, 10th Floor, New York, NY 10018	**(Mon – Fri)**
_____	50 Court Street, 10th Floor, Rm. 1002, Brooklyn, NY 11201	**(Mon – Fri)**
_____	2488 Grand Concourse, Rm. 210, Bronx, NY 10458	**(Mon – Fri)**
_____	97-77 Queens Blvd, 9th Floor, Rego Park, NY 11374	**(Mon - Fri)**
_____	129 Jackson Street, Hempstead, NY 11550	**(Mon - Sat)**
_____	294 New Drop Lane, 2nd Floor Staten Island, NY 10306	**(Mon, Wed, Fri)**

Hours: Appointments are scheduled in advance from 9:00a.m. to 4:30p.m. The Manhattan office has late night hours on Thursdays until 6:30p.m. **Chest X-Ray services are available in the Manhattan and Hempstead office locations.**

Bring Photo ID with you to your appointment

PLEASE CHECK-OFF ONE OF THE FOLLOWING:

( ) **PRE-EMPLOYMENT** Examination **- $105.00** (Medical History, Physical Examination, PPD/Mantoux or TBS, Rubella Titer, Measles Titer, Mumps Titer, Varicella Titer, Hepatitis B Surface Antibody Screen, and Forensic Toxicology)

( ) **INDIVIDUAL** – Please check off required individual exam components **Fee**

( )	Medical History/Physical Examination		$35.00
( )	PPD/Mantoux		$20.00
( )	Chest X-Ray (PPD Date: _____PPD Result:_____)		$40.00
( )	Tuberculosis Screening Questionnaire		$20.00
( )	QuantiFERON TB Gold Blood Test		$40.00
( )	Respirator Fit Test		$40.00
( )	Forensic Toxicology Drug Screen		$32.00
( )	Urinalysis		$15.00
( )	Complete Blood Count (CBC)		$18.00
( )	Rubella Titer		$22.00
( )	Measles Titer (Rubeola)		$22.00
( )	Mumps Titer		$27.00
( )	Varicella Titer		$27.00
( )	Varicella Vaccine		$97.00
( )	MMR Vaccine (Measles, Mumps, Rubella)	(each)	$65.00
( )	Hepatitis B Antibody Screen		$22.00
( )	Hepatitis B Vaccine	(each)	$65.00
( )	Seasonal Flu Vaccine		$21.00
( )	Sickle Cell Test		$15.00

Total Cost of Medical: $_____

( ) Agency Pay ( ) Patient Pay Approved by: _____